

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ Canceled
☐ Restricted
☐ Non elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
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7		7		7	
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46		46		46	
47		47		47	
48		48		48	
49		49		49	
50		50		50	

If more than 100 claims are listed, the number of claims should be indicated in the space provided.

LEFT SIDE